

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dak <u>ARSD 44:04:18:15</u> . Approval status is granted for within 90 days after receipt of the application. Sen	a two-yea	r period. Written a	pproval or denial	of approval will be issued	
722 Mair	akota Boar n Street, Si h, SD 5778				
Name of Institution: Box elder Job Corps Address: PO Box 110					
Address: 40 BOX 110 577	59				
Phone Number: 605-348-3636	Fax N	umber: 605	-578-3	3593	
E-mail Address of Faculty: aileen w	illia	ms @ f	o.fed.	นร	
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes 1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel 2. Complete evaluation of the curriculum 3. Submit documentation to support requested curriculum changes 1. List Personnel and Licensure Information: Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the					
provision of long-term care services. The Director but may not perform training while serving as DO	or of Nursir	ng (DON) may serve	e simultaneously	as the program coordinator	
			RN LICENSE		
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)	
		RO27787		9/1	
☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history					
<u>Primary Instructor</u> must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)					
	RN OR LPN LICENSE				
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)	
Aileen T. Williams		R627787	3-16-2016		
☐ If requesting new Primary Instructor, atta supporting previous experience in teachin	ach curricu na adults w	lum vita, resume, o rithin the past five y	r work history, ar ears or documen	nd attach documentation tation of completing a	

course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new* feb 28, jul Supplemental Personnel, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)

Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

S	tandard	Yes	No
•	Program was no less than 75 hours.	X	
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	X	
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	X	
•	Provided instruction on each content area (see ARSD 44:04:18:15):	X	
	Basic nursing skills	X	
	Personal care skills	X	
	Mental health and social services	×	
	Care of cognitively impaired clients	X	
	Basic restorative nursing services	X	
	Residents' rights	X	
•	Students did not perform any patient services until after the primary instructor found the student to be competent	X	
•	Students only provided patient services under the supervision of a licensed nurse	X	
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	X	

3. Submit Documentation to Support Requested Curriculum Changes:	1
Name of Course (if applicable): Heath Occupations Nurse Africa	- 11
A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, vid nstruction, and online instruction. Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication da	
Submit documentation that supports requirements listed in ARSD 44:04:18:15, including: Behaviorally stated objectives with measurable performance criteria for each unit of curriculum Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must in Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effections.	I
care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environeeds; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assist eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;	anges



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	developmental tasks associated with aging dignity, and recognizing sources of emotion	process; respecting personal choices and preserving client al support;		
	Care of cognitively impaired clients, including	g: communication and techniques for addressing unique		
	Basic restorative nursing services, including eating, and dressing; range of motion; turn and training; and care and use of prosthetic	: self-care; use of assistive devices in transferring; ambulation, ing and positioning in bed and chair; bowel and bladder care and orthotic devices;		
	Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.			
rogram Coord	dinator Signature:) (1) illiam > Date: 2-18-2014		
his section to	be completed by the South Dakota Boa	ard of Nursing		
Date Applicatio	on Received: 6 20 19	Date Application Denied:		
Date Approved	: 3/12/14	Reason for Denial:		
Expiration Date				
Board Represe				
Date Notice Se	ent to Institution: 311214			

Boxelder Job Corps Nurse Aide Program

- 1. New nurse assistant TAR that incorporates some additional "Green" line items.
- 2. Text books: Nursing Assistant a Nursing Process Approach, 10E, Hegner, Acello, Caldwell. Providing Home Care, Leahy. Video, Power Point Presentations.
- 3. Clinical Practicum at Black Hills Health Care System, Fort Meade, Community Living Center East.
 Unit has Long Term Care, Dementia, and Hospice Residents.
- 4. Fort Meade MOU allows 6 students to 1 instructor.
- 5. Students generally have 200-300 hours classroom/lab training before actual patient care.

My current RN license expires 03/16/2012 and application for renewal has been made. A new copy of the license will be sent when it is received.

Sincerely,

Aileen T. Williams, RN, BAN

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